

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		59	4/21
FORMALITY REVIEW	MW	920	05-30-01
RESPONSE FORMALITY REVIEW	Z. B. B.	TC 851	07/08/01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	✓
2	0
3	✓
4	0
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	✓
13	✓
14	0
15	✓
16	✓
17	✓
18	✓
19	✓
20	✓
21	0
22	0
23	✓
24	0
25	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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